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49345

State of Nebraska
Investigator's Motor Vehicle Accident Report

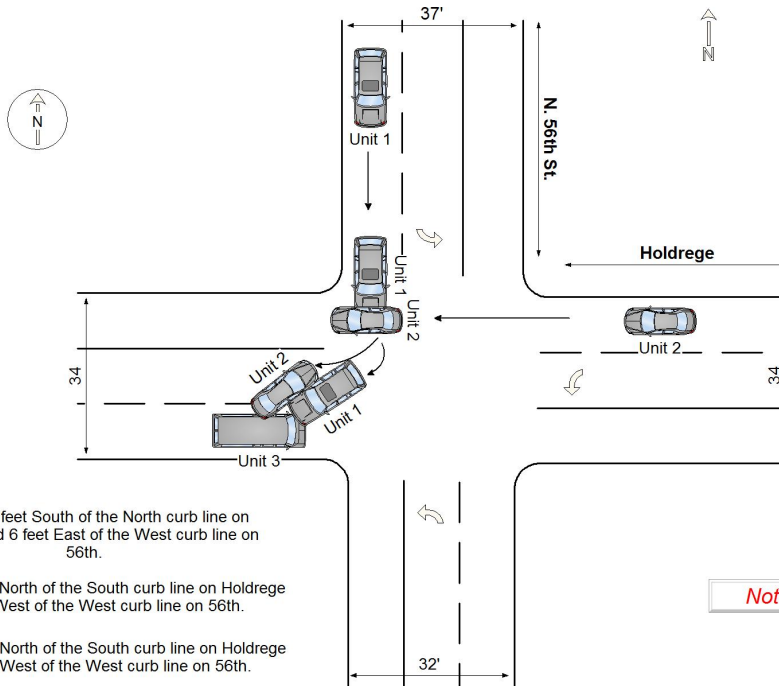
Sheet 1 of 5

3	Total Number of Vehicles	Local No./ District 37	Agency Case No. B5-053375	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 06/16/2015		TIME OF ACCIDENT 0750	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0751	Amended	
B 62	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 56TH		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	06/17/2015	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
D 1	IF AT INTERSECTION			IF NOT AT INTERSECTION		
V1/M 03	NAME OF INTERSECTING ROADWAY			OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
V2/M 01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN			MILES N S E W AND MILES N S E W OF NEAREST CITY OR TOWN		
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
F 1	DRIVER LICENSE NO. H12721556			STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N 2	DRIVER NATHAN R WOLF			PHONE 402-326-0476	LOCAL NO.	
V2/N 2	DRIVER ADDRESS 2920 N 54TH ST APT 5, LINCOLN, NE 68504			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	09/16/1980
G 2	OWNER NATHAN R WOLF			PHONE 402-326-0476	LOCAL NO.	
H 5	OWNER ADDRESS 2920 N. 54 #5, LINCOLN, NE 68504			CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB460664
V1/O 4	LICENSE PLATE PA NO. TSN899	YEAR 2000	MAKE Toyota	MODEL RR5	BODY STYLE Compact Utility	COLOR silver / chrome
V2/O 4	VEHICLE ID NO. (VIN) JT3HN86RXY0284519	TOWED TO 101 CHARLESTON		TOWED BY CAPITAL TOWING		POLICY NO. UNKNOWN
I 1	DRIVER LICENSE NO. H13159549			STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P 1	DRIVER DANIELLE M DEWEES			PHONE 402-469-3744	LOCAL NO.	
V2/P 1	DRIVER ADDRESS 3015 N COTNER BLVD, LINCOLN, NE 68507			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	08/01/1991
J 01	OWNER DANIELLE DEWEES / SHANE DEWCES			PHONE 402-469-3744	LOCAL NO.	
V1/Q 1	LICENSE PLATE PA NO. RRI591	YEAR 2008	MAKE Nissan	MODEL A5S	BODY STYLE 2 door Sedan	COLOR black
V2/Q 1	VEHICLE ID NO. (VIN) 1N4AL24E58C273769	TOWED TO 101 CHARLESTON		TOWED BY CAPITAL TOWING		POLICY NO. 0998404272
K 02	VEHICLE NO. 2			VEHICLE NO. 1		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
VEH. # 1	NAME NATHAN R WOLF 2920 N. 54 #5, LINCOLN, NE 68504			09/16/1980	01 1 03 4 2	M
LOCAL NO. 402-326-0476		MEDICAL FACILITY NAME BryanLGH Medical Center East (Bryan)		EMS SERVICE NAME Lincoln Fire & Rescue	EMS RUN REPORT NO.	
VEH. # 2	NAME DANIELLE M DEWEES 3015 N. COTNER, LINCOLN, NE 68507			08/01/1991	01 1 03 2 2	F
LOCAL NO. 402-469-3744		MEDICAL FACILITY NAME BryanLGH Medical Center East (Bryan)		EMS SERVICE NAME Lincoln Fire & Rescue	EMS RUN REPORT NO.	
VEH. #	NAME			ADDRESS		
LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-053375



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of vehicle 1 stated he had been traveling Southbound on 56th and entered 56th/Holdrege with a green traffic light. Once in the intersection he first collided with vehicle 2 then struck vehicle 3. Driver of vehicle 2 stated she had been traveling Westbound on Holdrege and entered 56th/Holdrege with a green traffic light. Once in the intersection she first collided with vehicle 1 then struck vehicle 3 after her car turned around. Driver of vehicle 3 stated he had been stopped in the Eastbound traffic lane on Holdrege at 56th street when the traffic light for his lane changed to green. Driver of vehicle 3 stated he looked at vehicle 1 and could tell he was not going to stop for the red light for his lane. Driver of vehicle 3 stated vehicle 1 violated a red light 5 seconds after it changed red and struck vehicle 2 in the intersection then both vehicle 1 and 2 struck vehicle 3. Witness Darby Cain was in the right front seat of vehicle 3 and ...

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME DARBY CAIN 1144 WEST KEATING, LINCOLN, NE				PHONE 402-435-5700
	NAME				PHONE
VEHICLE MOVEMENT BEFORE COLLISION		POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)		AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1
VEH NO.	N S E W	ROAD OR HIGHWAY NAME	VEHICLE 1	VEHICLE 2	
1	X	56TH	POINT OF IMPACT 01	POINT OF IMPACT 03	1
2	X	HOLDREGE	MOST DAMAGED AREA 01	MOST DAMAGED AREA 03	2
1	01	06 Turning left	00 None	02 03 04	1
2	01	07 Making U-turn	09 Top & windows	05	2
		08 Entering traffic lane	10 Undercarriage		
		09 Leaving traffic lane	11 Total (all areas)		
		10 Parked	12 Other		
		11 Slowing or stopped in traffic			
		12 Other			
		13 Unknown			
OFFICER NO. 299		TROOP/TEAM/BEAT 2		DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Scott Arnold		INVESTIGATOR SIGNATURE Approved by Officer Scott Arnold		DATE OF REPORT 06/17/2015	
				Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

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State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report

Sheet 3 of 5

Local No./
District 37

Agency
Case No. B5-053375

STATE USE ONLY

Amended

Vehicle
Codes
from
Overlay
#2

DATE OF ACCIDENT (MM / DD / YYYY)

06/16/2015

PLACE
OF
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. 56TH

VEH. #	VEHICLE NO. 3										VEH. #
3	DRIVER LICENSE NO.		G02158471				STATE (Of License)		NE	SEX	3
	DRIVER		JAMES M DEAN				PHONE		402-475-5015	LOCAL NO.	1.
M	DRIVER ADDRESS		CITY, STATE, ZIP				DATE OF BIRTH (MM / DD / YYYY)		12/18/1964		18
N	OWNER		CITY OF LINCOLN				PHONE		402-441-7961	LOCAL NO.	2.
O	OWNER ADDRESS		CITY, STATE, ZIP				CITATION		<input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.	3.
P	LICENSE PLATE		GM	NO. 27132		YEAR (Plate Expires)		STATE (Of Plate)		NE	4.
Q	VEHICLE		YEAR	2008	MAKE	Ford	MODEL	4DC	BODY STYLE	Full size van	5.
	VEHICLE ID NO. (VIN)		1FDXE45S28DA24687				INSURANCE COMPANY		STATES SELF INSURED		18
	TOWED TO		TOWED BY				POLICY NO.		SEL3017307		35

VEH. #	VEHICLE NO. 4										VEH. #
4	DRIVER LICENSE NO.						STATE (Of License)			SEX	4
	DRIVER						PHONE		LOCAL NO.		1.
M	DRIVER ADDRESS		CITY, STATE, ZIP				DATE OF BIRTH (MM / DD / YYYY)				2.
N	OWNER						PHONE		LOCAL NO.		3.
O	OWNER ADDRESS		CITY, STATE, ZIP				CITATION		<input type="radio"/> YES <input type="radio"/> NO	CITATION NO.	4.
P	LICENSE PLATE		NO.				YEAR (Plate Expires)		STATE (Of Plate)		5.
Q	VEHICLE		YEAR		MAKE		MODEL		BODY STYLE		6.
	VEHICLE ID NO. (VIN)						INSURANCE COMPANY				
	TOWED TO		TOWED BY				POLICY NO.				

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 3				RESTRAINT USE VEHICLE 3				TOTAL OCCUPANTS				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE 3				VEHICLE 4				VEH 3 2 4			
3			X		HOLDREGE				POINT OF IMPACT				VEHICLE 3				ALCOHOL TESTING			
4									POINT OF IMPACT				VEHICLE 4				ALCOHOL LEVEL TESTED			
3	11				06 Turning left				MOST DAMAGED AREA				08				BAC LEVEL			
4					07 Making U-turn				MOST DAMAGED AREA				08				ALCOHOL/ DRUGS SUSPECTED			
				08 Entering traffic lane				00 None				02 03 04				1 Driver No. 3 4				
				09 Leaving traffic lane				09 Top & windows				01 05				2 Driver No. 1				
				10 Parked				10 Undercarriage				08 07 06				3 Neither alcohol nor drugs suspected				
				11 Slowing or stopped in traffic				11 Total (all areas)								4 Yes - alcohol suspected				
				12 Other				12 Other								5 Yes - drugs suspected				
				13 Unknown												6 Yes - alcohol & drugs suspected				
																7 Unknown				

Complete this section for all injured persons

DATE OF BIRTH (MM / DD / YYYY)

1 2 3 4 5 SEX M F

VEH. #	NAME		ADDRESS		DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX
	LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		Seat Position	Eject	Body Region	Injury Sev.	Trans.	M F
VEH. #	NAME		ADDRESS		DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX
	LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		Seat Position	Eject	Body Region	Injury Sev.	Trans.	M F
VEH. #	NAME		ADDRESS		DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX
	LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		Seat Position	Eject	Body Region	Injury Sev.	Trans.	M F

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

B5-053375

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	NAME	ADDRESS			PHONE
WITNESSES	NAME	ADDRESS			PHONE
OFFICER NO.		TROOP/ TEAM/ BEAT	DEPARTMENT		
299		2	Lincoln Police Department		
INVESTIGATOR NAME (Print or Type)			INVESTIGATOR SIGNATURE		DATE OF REPORT
Scott Arnold			Approved by Officer Scott Arnold		06/17/2015

49345

Investigator's Motor Vehicle Accident Description Continuation Report Sheet 5 of 5

37

B5-053375

Amended

06/16/2015

CITY

Lancaster

Lincoln

ROAD ON WHICH ACCIDENT OCCURRED	STREET/HIGHWAY NO.

56TH

stated that vehicle 1 violated a red light and collided with vehicle 2 then struck vehicle 3.

299

2

Lincoln Police Department

Scott Arnold

Approved by Officer Scott Arnold

06/17/2015